

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7004 2510 0002 3939 0157

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Total Postage \$

AIRS ID# 390035 1stC
MORROW CLEANERS
101 W Crawford Street
QUINCY, FL 32351

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 390035 1stC
MORROW CLEANERS
101 W Crawford Street
QUINCY, FL 32351

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
X *Doris Rittman*
- B. Received by (Printed Name) C. Date of Delivery
2/7/05
- D. Is delivery address different from item 1? Yes
if YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7004 2510 0002 3939 0157

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

UNITED STATES POSTAL SERVICE



First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 9 2005
Bureau of Air Monitoring & Mobile Source

